HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)
Yahiro, Sandra L	Deputy Director of Taxation
	TERM OF OFFICE (Begin/End):
	8/24/05 +0 12/2/06 /

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Dept. of Taxation 830 Punchbowl St. Honolulu	E	Personnel Officer
SP	Boys and Girls Club of Hawaii Wailoa St Honolulu	E	Chief Operating Officer

]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES

Check here if entry is None

[]Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTERE PERIOD	ST TRANSFERRED DURING THIS DISCLOSURE	DATE OF TRANSFER
ViChec	ck here if entry is None	[]Check here if additiona	sheets are attached

ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS		ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
	,			:
JT	Bank of Hawaii		I	I
JT .	Chase Mortgage		н	A
JT	Chase Mortgage		Н	A
JT	Bank of Hawaii		н	н
				en e
[]Che	ck here if entry is None]·]Check here if addition	nal sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	State of Hawaii Deferred Compensation Plan Board of Trustees	Trustee	ends 6/30/06	none

]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
JT	2551 10th Ave, Honolulu 96816	340120440001	H
F	2551A 10th Ave., Honolulu 96816	340120440002	н
F	279 Hakalau Place, Honolulu 96825	390300260000	. J .
F	1054B Awawamalu St., Honolulu 96825	390780090000	Н
F	1094C Kumukumu St., Hono91u1u 96825	390780880000	Н

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more,

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRE	SS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
F	279 Hakalau Place, Honolulu TMK 390300260000	96825	J – via mortgage	Mathew Walther

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
1094-C Kumukuku St., Honolulu 96825 - TMK 390780880000	H - sale	Rodney Chai
1054-B Awawamalu St., Honolulu 96825 TMK 390780090000	H - sale	Monica Brisette
	1094-C Kumukuku St., Honolulu 96825 - TMK 390780880000 1054-B Awawamalu St., Honolulu	CONSIDERATION RECEIVED 1094-C Kumukuku St., Honolulu 96825 - TMK 390780880000 H - sale 1054-B Awawamalu St., Honolulu

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

andra L Jahre